Under the Pa	perwork Heduction Ac	t of 1995, no persor	is are requ	ured to respond to a collection	n of information	on unless it displays i	a valid OMB control numb
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete If Known			
				Application Number	10/622,320		
FEE TRANSMITTAL				Filing Date	July 17, 2003		
for FY 2006				First Named Inventor	Guy W. Bemis et al.		
				Examiner Name	Deepak R. Rao		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	1624		
TOTAL AMOUNT OF PAYMENT (\$)130.00				Attorney Docket No.	VPI/96-16 CIP2 CON		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 06-1075, Order No. 003602-0003 Deposit Account Name:							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 Credit any overpayments							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING F		RCH FEES	EXAMIN	EXAMINATION FEES		
Application Type		mall Entity Fee (\$)	Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	rees ruid (4)
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							mall Entity
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues) 200 Multiple dependent claims 360							100 180
				es Paid (\$)		Multiple Depe	
	or HP = 0	x	_==			Fee (\$)	Fee Paid (\$)
HP = highest number of							
Indep. Claims 1 - 3 or	Extra Clai	ms Fee (\$	<u> </u>	es Paid (\$)			
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
- 100 =							=
							Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							100.00
Other (e.g., late filing surcharge): Terminal Disclaimer Fee, 37 CFR § 1.20(d)							
SUBMITTED BY							
Signature /David A. Roise/			Registration No. 47,904 (Attorney/Agent)	1	Telephor	ne 650-617-4000	

Name (Print/Type) David A. Roise Date November 24, 2006 This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete. USP1O by process) an application. Conferentially is governed by \$8 U.S.G. 122 and 37 CH H.1.4. This collection is estimated to bette 30 minutes to complete including gathering proparing, and submitting the completed application from the USPTO. Time will vary depending upon the inclivation case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing his burden, should be sent to the Chief Information Officer. U.S. Patterna and Trademark Office U.S. Department of Commence, P.O. Box 1450, Revandria, VA 22313-1450 O. DNOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Revandria, VA 22313-1450 O. DNOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Revandria, VA 22313-1450 OPPO-9199 and select option 2.

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